

EMERGENCY CARD

Student Name (Last) _____ (First) _____ (M.I.) _____ Parish _____

Street Address _____ City _____ State _____ Zip Code _____ Phone _____

Father's Name _____ Mother's Name: _____

Place of Work: _____ Place of Work: _____

Address of Work: _____ Address of Work: _____

Occupation: _____ Occupation: _____

Business Phone: _____ Business Phone: _____

Cellular Number: _____ Cellular Number: _____

Please list any allergies, allergies to medication, current medication, or any special health concerns.

If Parents cannot be reached, please contact:

Name and Relationship (Sister, Neighbor, etc.) _____ Phone Number _____

Name and Relationship (Sister, Neighbor, etc.) _____ Phone Number _____

Name and Relationship (Sister, Neighbor, etc.) _____ Phone Number _____

Please list children in this school according to grade, oldest first.

NAME	GRADE	NAME	GRADE
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

I/We understand that the school does not assume responsibility for payment of a physician in any case.
If our physician cannot be reached, a physician selected by Our Lady of Perpetual Help School
may treat my child.

Physician: _____ Phone Number _____

Address: _____

Insurance Company _____ Policy Number _____

Name of Subscriber _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____